Foster Family Home - Corrective Action Report

Provider ID:

1-180044

Home Name:

Jaizl Pinera, CNA

Review ID:

1-180044-2

4043 Keaka Drive

Reviewer:

Angelica Galindo

Honolulu

HI 96818 Begin Date:

4/23/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/23/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/23/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary

resuscitation, and basic first aid.

Comment:

41.(b)(7) - Cg#3 TB screening form done 10/13/2018, no record of chest x-ray in home binder. CG#4 TB screening form done 6/05/2018, no record of chest x-ray in home binder.

41.(b)(8) - No record of current Blood borne pathogen training for CG#3, expired 3/18/2018.

Compliance Manager

dare Giver

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: U9121 PINERO, CNA

Rule Number	Corrective Action Taken	Date	
- Talliber		Corrected	Prevention Strategy
116(7)	CG#3 PPD done on 16/13/18 with (-) result tound and placed un nome binder	05/10/19	I Will now have 9 chucklist for all the requirements 30 days prior to expirity to Prevent tethno lapses
11 (6)(7)	CG # 4 PP done on 06/05/18 with Freult over placed on home binder	05/10/19	- I will now have a checklist for all the requirements 30 days proor to exprire to prevent for force laps
16)(3)	CC #3, Blobbborne pathogen obtained on march 18 2019 and 9 Copy was placed on home binder	25/15/19	- some as above

Primary Caregiver's Signa	nture AMW		
Print Name: <u>UACL</u>		Date of Signature: _	25/2